

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Alfida</i>		<i>6/15/01</i>
O.I.P.E. CLASSIFIER	<i>SW</i>	<i>32</i>	<i>6/15/01</i>
FORMALITY REVIEW	<i>ST</i>	<i>1021</i>	<i>6/8/01</i>
RESPONSE FORMALITY REVIEW	<i>MTB</i>	<i>324</i>	<i>11/20/01</i>

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	Original
1	15/1/02
2	10/3/02
3	10/3/02
4	10/3/02
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50	10/3/02

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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